

**Rhode Island Department of Environmental Management**

Office of Boat Registration & Licensing

235 Promenade Street Room 360

Providence RI 02908-5767

(401) 222-6647 TDD (401) 222-4462

**RESIDENT PRINCIPAL EFFORT LICENSE RENEWAL  
APPLICATION**

**Mailing Address**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Applicant ID: \_\_\_\_\_

**Residence Address (Cannot be a PO Box)**

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_

**Current License Information**

License Type: \_\_\_\_\_

License Description: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

**New License Information:**

License Type: \_\_\_\_\_

License Description: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**\*\*\* (MUST BE RENEWED NO LATER THEN 02/28/2005) \*\*\***

**Renewal Grace Period with \$200.00 late fee March 1, 2005 – April 29, 2005**

**The information below is REQUIRED in order to renew your license**

<b><u>Gear Type</u></b>	<b><u>Non-binding</u></b> For Informational purposes ONLY Please check all that apply
Rod & Reel	
Otter Trawl	
Fish Pot	
Lobster Pot	
Bullrake	
Other (Please specify)	

<b>Principal Effort License</b>	<b>\$150.00</b>
<b>(Includes Primary Fishery – Please Circle One)</b> Quahog ~ Lobster ~ Restricted Finfish	
<b>Fishery Endorsements</b> (Additional \$75.00 Each)	
Non Quahog	\$
Non Lobster Crustacean	\$
Non Restricted Finfish	\$
<b>Total Due :</b>	
<b>\$</b>	

**NOTES**

- Please make check or money order payable to:  
**State of Rhode Island-DEM** & mail or deliver to address above
- Every vessel engaged in Commercial Fishing must be declared on a Commercial Vessel Declaration Application
- Rules & Regulations are available at [www.state.ri.us/dem](http://www.state.ri.us/dem) or The Office of Boat Registration & Lic
- You are required to submit Taxation Certification pursuant to RI GL § 5-76 and 31-3 along with application for marine license

**Resident RIGL20-1-3(8) Resident means an individual who has had his or her actual place of residence and has lived in the state of RI for a continuous period of not less than six (6) months:**

**I hereby certify that I am a RI resident and the information contained herein is true and correct:**

**Signature: \_\_\_\_\_ Date : \_\_\_\_\_ RI DL# \_\_\_\_\_**

**Telephone Number : \_\_\_\_\_ (Optional)**